

DINA DENTAL PLAN

We have a plan to fit every smile.

PPO Plan ~ Highlights

Use any dentist or a DINA PPO Dentist.

Our DINA panel of providers are contracted, credentialed, and have agreed to charge predetermined fees for procedures.

Co-payments not to exceed certain discounted dollar amounts.

*Usual, Reasonable and Customary charges may apply when accessing a dentist who is not participating in the network.

Available to Groups or Individuals

May be offered as a Dual Choice with other DINA Plans.

Only 2 Employees Qualify as a Group

Immediate Coverage for Type I and Type II

Discount on Orthodontics

Benefit Year Maximum Increases to \$1500 in the 3rd Benefit Year

Operating in Louisiana since 1978.

This plan is an insured program that is fully regulated by the Louisiana Department of Insurance.

Qualifies for Section 125 (Cafeteria Plan) Deductions

PPO Plan Monthly Premiums

Employee (E) or Individual (I)	\$20.00
E or I + One	\$38.00
E or I + Family	\$60.00

*Individual Policies must be paid through bank draft or 6 months at a time.

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PPO Plan ~ Benefits

Benefit Year Maximum	First Year	Second Year	Thereafter
Per Covered Person	\$750	\$1,000	\$1,500

Insurance Percentage	First Year	Second Year	Thereafter
Type I Covered Expenses	100%	100%	100%
Type II Covered Expenses	80%	80%	80%
Type III Covered Expenses	0%	50%	50%

Waiting Period	First Year	Second Year	Thereafter
Type III Covered Expenses	12 months (Unless Takeover)	None	None

Benefit Year Deductible	First Year	Second Year	Thereafter
Type I Covered Expenses per Covered Person	\$50	None	None
*Type II Covered Expenses per Covered Person	\$50	\$50	\$50
*Type III Covered Expenses per Covered Person	No Benefits	\$50	\$50
Family Maximum Deductible per Year	\$150	\$150	\$150

*One \$50 to be met with either Type II or Type III or a combination of both.

Orthodontics	Benefits
(Participating Orthodontists ONLY)	Initial Consultation Covered at 100% Treatment Covered at 20% Discount

Types of Service	Description of Covered Services
Type I - Preventative & Diagnostic	Exams, Evaluations, Cleanings, X-rays, Fluoride Treatments, Sealants
Type II - Basic Services	Fillings, Extractions
Type III - Major Services	Crowns, Root Canals, Periodontal Scaling, Partial, Dentures

Important Notice

These benefits are payable when using one of our Preferred Providers. If you choose another provider that does not participate with DINA Dental, you may incur additional charges. The Scheduled Charge is the maximum amount which benefits will be paid. A non-participating provider may charge more than the Scheduled Charge. If your dentist charges more than the Scheduled Charge, you will pay the deductible and co-insurance plus the amount over the Scheduled Charge.